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ABSTRACT

Human rights review is a process by which agencies assure that an intrusive behavioral program is appropriate in a given case. Methods are described for local education agencies to accomplish human rights review of proposed and ongoing intrusive behavioral treatment with students who have severe behavior problems. One approach to human rights review is to utilize the existing Individual Education Plan (IEP) process as much as possible, as the IEP is already in place in special education settings and some of its components address human rights concerns. It is recommended that education agencies develop a Human Rights Committee to ensure due process and to safeguard the rights of students and educators. IEP teams and Human Rights Committees should use the least restrictive alternative as a guiding principle and should distinguish between intrusiveness and restrictiveness. The "Human Rights Review Case Presentation Form," which should be completed for documentation of each case review, contains 21 questions covering nature and occurrence of the problem behavior, treatments that have been tried, justification of the proposed treatment, implementation of the proposed treatment, etc. Model procedures are outlined for the development and effective functioning of a Human Rights Committee, and copies of relevant forms are appended. (JDD)

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Behavioral Treatment and Review System

Human Rights Review Manual

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SECTION I

HUMAN RIGHTS REVIEW OF

INTRUSIVE BEHAVIORAL PROGRAMMING

Introduction

Human rights review is one element of the Behavioral Treatment and Review System. This System is designed to assist educators in the provision of appropriate education in the least restrictive environment to students with severe behavior problems. Some educational programs for students with severe behavior problems will involve intrusive procedures. These are procedures that cause a student to experience a significant level of physical or psychological discomfort or stress, e.g. physical restraint or exclusion from class or school. Human rights review of any intrusive behavioral programming is an essential safeguard designed to protect students' and educators' interests alike. A properly functioning Human Rights Committee, along with full I.E.P. and informed consent procedures, and staff training and supervision in Behavioral Treatment and Review System components, provides a comprehensive foundation for assuring due process and appropriate education. Informed consent and staff training and supervision procedures are detailed in other Behavioral Treatment and Review System documents. What follows is a description of methods that local education agencies can use to accomplish human rights review of proposed and ongoing intrusive behavioral treatment with students who have severe behavior problems. Basically, human rights review is a process by which agencies assure that an intrusive behavioral program is appropriate in a given case, that other less intrusive procedures have been tried without success, and that all necessary safeguards are provided.

One approach to human rights review is to utilize the existing Individual Educational Plan (I.E.P.) process as much as possible. This will

be attractive to many local education agencies because the I.E.P. is mandated by federal law for use with school-aged handicapped individuals and is already in place in special education settings. In addition, various components of that process already address human rights concerns: parental participation in planning, informed consent, education in the least restrictive environment, and monitoring mechanisms. Thus, the I.E.P. process can be used to help assure adequate human rights review of intrusive behavioral programming with students in special education. Subsequent material in this Manual will describe procedures for local education agencies to use in this regard.

In addition to expanding already functioning I.E.P.-related procedures, it is recommended in these Behavioral Treatment and Review system materials that education agencies develop a Human Rights Committee to further insure adequate human rights review of intrusive behavioral programming. A Human Rights Committee review adds a safeguard process which is external to parents, teachers and program specialists or administrators immediately involved in education planning and programming for handicapped students. All of the usual participants in the I.E.P. process are closely tied to the student or school. A Human Rights Committee can bring other points of view to decisions about the extreme behavior problems of some handicapped students. A Human Rights Committee can serve to prevent arbitrary or grossly overreactive or unfair decisions in situations where the pressures are great regarding children with extreme behavior problems. Procedures for development and functioning of a Human Rights Committee are also detailed in subsequent sections of this Manual.

As users of these materials will discover, there are a number of variations that are possible in the roles and functions of the I.E.P. and Human Rights Committee processes with regard to human rights review. The I.E.P. process will always be used for educational planning with handicapped students, but decisions about which aspects of the two processes to use for human rights review purposes in a given education setting will depend, to some extent, on factors such as size of district, availability of Committee members, and district preferences. Two major variations are detailed in this Manual:

1) An approach in which full I.E.P. and full Human Rights Committee processes are used in all decisions about intrusive behavioral programming (suitable for smaller and medium-sized educational agencies where the number of case reviews will be small); and
2) An approach in which full I.E.P. procedures are used to accomplish most reviews of intrusive programming and a Human Rights Committee exists mainly as a policy-recommending body regarding human rights review and as a review body for particularly problematic cases (most suitable for larger local and intermediate educational agencies, where the number of cases may be too large for a single review body to handle).

In both of these approaches, parental consent is a foundation, and detailed consideration of factors related to intrusive programming is required. In addition, written documentation of planning, programming and monitoring procedures is imperative. The materials in the Behavioral Treatment and Review System reflect an attempt to develop proposed procedures

which involve as little extra time, resources and paperwork as possible, given the already large demands on special education staff.

By using one of these approaches, or a workable variation of either, local education agencies should be able to insure adequate human rights review of any proposed or ongoing intrusive behavioral programming. The due process and appropriate education concerns related to students, teachers and districts alike should be fully addressed via use of these Behavioral Treatment and Review System procedures.

Why is Human Rights Review Necessary?

Human rights review is a systematic way to approach protection of students' rights when intrusive behavior modification programs are used in local education agencies. Expansion of current I.E.P. processes, and development and functioning of a Human Rights Committee help to assure the due process guarantees of the 14th Amendment: the rights of every person to life, liberty and privacy. Such committees are implied or directly suggested in various federal regulations, state laws, state agency policies, and professional association guidelines (see Behavioral Treatment and Review System Technical Paper #1: "Human Rights Review of Intrusive Behavioral Treatments with Severely Handicapped Students" for full description and references). In addition, important court decisions point toward the need for human rights review of intrusive behavior modification programs of handicapped persons.

The primary purpose of a human rights review is to provide safeguards for students and to assure appropriate educational treatment. The review

process is also designed for protecting educational administrators and teachers. Human rights review is a balancing procedure. It involves weighing the rights of the student to the least restrictive treatment alternative and a humane psychological environment with the student's rights to an appropriate education and the school's right to enforce legitimate school interest.

It is important to stress that the role of a human rights review is not simply to inhibit the use of intrusive treatments. Indeed, in some cases, a review may produce a conclusion that educational staff should move ahead with more intrusive treatments in order to provide adequate treatment and appropriate education. For example, an intrusive overcorrection program (in which a student's hands must be placed in and out of pockets thirty times) may be justified for use with a student who cannot be maintained in a classroom because s/he hits and hurts others frequently. In such a case, the rationale would be that the intrusive overcorrection treatment is ultimately less restrictive for the student because it would be the only way to prepare the student to develop behavioral skills that enable access to a wider range of educational environments. That is, it would decrease the hitting behavior which, over time, would allow for more learning of more adaptive social behaviors.

Assuring Due Process

The 14th Amendment of the U.S. Constitution guarantees that no one may be deprived of liberty, privacy or property without "due process of law." Due process refers to procedures that agencies must develop and use when

people's basic rights might be violated. Thus, school boards must establish due process procedures to follow when students' rights to life, liberty and privacy might be impeded in some way by intrusive behavioral or educational programs. Human rights review is an important part of due process.

There is no set of formal standards for such procedures. As a result, due process takes many forms. School boards are allowed to choose which due process procedures are best in a given situation. However, any approach must take into account the due process provisions of P.L. 94-142.

The courts have given some guidance, however, on how to assure due process when intrusive behavioral training methods are used with handicapped children. Basically, the courts have ruled that students with severe behavior problems require more consideration of due process to safeguard their rights than do non-handicapped children. This is because the rights of handicapped children to life, liberty and privacy are more likely to be affected by educational treatments which, to be effective, must frequently be more intrusive than typical teaching procedures used in schools.

The courts have also ruled that when intrusive behavior modification procedures are used, review is required beyond the level of the typical Individual Program Plan (I.P.P. in institutional settings). This is because more process is due as the potential for violation of basic rights increases (as it does, by definition, when intrusive behavioral treatments are used). Human rights review, when added to full I.E.P. and informed consent procedures, constitutes this additional level of review to assure due process when intrusive treatments are proposed for use with handicapped students.

The court cases on which such rulings have been based arose in institutional settings. The facts usually involved flagrant misuse of behavioral treatments. Nonetheless, they set precedents that are likely to apply when similar treatment techniques are used with similar people in different settings (such as public schools). This likelihood is increased by the fact that the U.S. Congress and courts have extended unusual safeguards to handicapped students in school settings.

It is important to note that the process for determining treatment is as much an issue to the courts as the actual nature of the treatment. Professionals who use intrusive behavioral techniques with students who have severe behavior problems must follow due process procedures in doing so. Human rights review is an essential element of that due process.

Safeguarding the Rights of Students and Educators

There are several additional reasons why human rights review is becoming an essential part of educational programs for students with severe behavior problems. First, the number of such students in public schools is increasing. This increase has resulted from: 1) legal requirements to serve all handicapped children (Public Law 94-142); 2) legal difficulties in expelling handicapped children with severe behavior problems; and 3) greater numbers of such students in communities because of a national trend toward removal of people from state institutions.

Since there are currently more students with severe behavior problems than ever before in public school programs, there is a greater awareness of the need for safeguards regarding their treatment. The severe behavior

problems that these students demonstrate -- aggression, destruction, non-compliance -- set the stage for strong negative reactions from teachers and other school staff. Even the most competent teachers occasionally react as if students' extreme inappropriate behaviors are aimed at them. The negative effect of this situation is made even worse by some students' lack of basic social and personal skills such as language and other interaction skills. They are unable to communicate or "behave" when "misunderstandings" or potentially abusive situations arise.

Safeguarding the rights of students with serious behavior problems is especially necessary because of the intrusive nature of some of the educational and behavioral treatments that are known to be effective. Such treatments often involve repeated physical or psychological discomfort or distress for the student. Certainly not all of the effective treatments involve intrusive procedures. There is overwhelming evidence that many behavioral problems, even severe problems, can be reduced with good teaching and positive reinforcement. These less intrusive approaches should always be tried initially. Nonetheless, some severe behavior problems will require highly intrusive treatments. When this is the case, review is an essential safeguard.

Anytime intrusive procedures are used, both the student and the educator require the safeguard of adequate human rights review. Without review, the student may be victimized by improperly intrusive treatment. The educator may be liable for implementing such intrusive treatment without due process or in a criminally abusive manner. Adequate review helps to assure that these situations do not arise.

The solution to the problems of potential abuse of students or legal jeopardy of teachers is not to ban the use of intrusive behavioral treatments. When properly used by trained personnel, these procedures can be a powerful tool for improving the lives of severely handicapped students. Intrusive procedures have been combined successfully with carefully sequenced instruction to permit previously institutionalized children with extreme behavior problems to return to their home communities and attend public schools.

Because of appropriate application of intrusive techniques such as time-out, overcorrection, generalized compliance training, and restraint, many students with severe behavior disorders are able to participate in instruction and learn adaptive skills. For some students with severe behavior problems, these intrusive techniques may be the only effective approaches for decreasing the restrictiveness of their current educational opportunities.

The issue is not whether or not to permit these procedures. The real issue is to determine how and under what circumstances intrusive behavioral training procedures should be used.

As a result, there is clearly a need for a safeguard system to protect students with severe problem behaviors and to protect their teachers as well. Review of intrusive treatments via I.E.P. and/or Human Rights Committee processes is an essential safeguard. When such review is combined with full informed consent and appropriate staff training and supervision, as it is in this Behavioral Treatment and Review System model, a comprehensive and

effective safeguard system will serve the interests of all students and educators.

SECTION II

RATIONALE FOR DECISION-MAKING PROCESS

IN HUMAN RIGHTS REVIEW

Introduction

Human Rights Review is one part of the Behavioral Treatment and Review System model for assuring due process in decisions about intrusive educational programs for handicapped students. Human Rights Committees and/or I.E.P. teams accomplish this goal when they determine that appropriate educational programs in the least restrictive educational setting are being provided for all handicapped students who are involved in intrusive behavioral treatments. When intrusive behavioral programs are approved, those programs must be justified as less restrictive than others that might be used. What follows is a description of general considerations for I.E.P. teams and Human Rights Committees to use to make decisions appropriately and effectively.

Least Restrictive Alternative as a Guiding Principle

Human rights review involves a determination of whether any proposed intrusive educational program represents an appropriate education in the least restrictive setting possible. The concept of least restrictive alternative is quite useful to educators when decisions must be made about intrusive educational treatments with handicapped students. The greatest contribution of the concept may be that it requires human rights issues to be considered by the professionals who provide treatment. The courts have made it clear that treatment decisions can and will be reviewed in terms of human rights.

There is another reason for educators to apply the concept of least restrictive alternative when they make decisions about intrusive educational treatments. By applying that concept, educators are prompted to be more

aware of different levels of intrusiveness of different treatments (as demonstrated in Table 1).

Table 1

Hierarchy of Intrusive Behavioral Treatments

Level 1	Level 2	Level 3
DRO (Differential Reinforcement of Other Behavior)	Negative practice (when manual guidance is not given	Negative practice (when manual guidance is given
DRA (Differential Reinforcement of Appropriate Behavior)	Extinction	Physical restraint
DRI (Differential Reinforcement of Incompatible Behavior)	Nonexclusionary timeout	Exclusionary timeout
Satiation		Noxious Substances
		Expulsion

When a hierarchy such as that presented in Table 1 is used, decisions about intrusive treatments can then be made with a clear idea in mind of the extent of intrusiveness of different treatment alternatives. For example, by using the hierarchy in Table 1, professionals are more likely to be aware of the need initially to try to reduce behavior problems with positive, non-intrusive procedures. In addition, professionals who use such a hierarchy will be prompted to have documentation and a clear rationale when they propose the use of more intrusive procedures.

There is a systematic way for I.E.P. teams and Human Rights Committees to determine intrusiveness, restrictiveness, and appropriateness of educational programs. Basically a series of specific questions must be asked regarding a proposed intrusive treatment in order to make a determination. Those questions are presented in Section III of these materials, "Questions Regarding Intrusive Treatments to be Considered During Human Rights Review." All of the types of questions that should be asked and answered are aimed at making sure that due process is being used and that a proposed treatment represents an appropriate and least restrictive educational program. Issues related to the questions are detailed below.

By asking and receiving answers to specific questions, the I.E.P. team or Human Rights Committee engages in a balancing act. They consider all aspects of a proposed intrusive educational program in order to determine whether the program is appropriate for the student and represents the least restrictive alternative possible. That determination involves a process of weighing a student's rights to life, liberty and privacy with his/her rights to an appropriate education.

When an intrusive program is approved, that approval must be justified by evidence which demonstrates that the intrusive procedures represent the least restrictive appropriate educational program possible. That is, intrusiveness can be justified only when it serves ultimately to decrease the restrictiveness of a handicapped student's educational program. This is sometimes difficult to determine in any given case. Restrictiveness is determined by many different factors. The discussion below is aimed at clarifying these issues.

Distinguishing Between Intrusiveness and Restrictiveness

To determine whether appropriate education will occur with the least restrictive treatment possible, people involved in human rights reviews must understand clearly the difference between the concepts of "intrusiveness" and "restrictiveness." They must also understand that treatments which are highly intrusive may be least restrictive for some students with certain behavior problems and more restrictive for other students with the same or different behavior problems. A brief discussion of these issues follows.

Intrusiveness is defined by one major dimension: the extent to which a treatment causes physical or psychological pain or distress for its recipient. Table 1 (p. 17) presents a treatment hierarchy. The treatments are ordered from least to most restrictive, i.e., from those which cause recipients least distress to those which cause most discomfort.

The treatments in Table 1 appear to be ordered individually from least to most intrusive -- from the upper left to the lower right of the table. They are more meaningfully categorized, however, as being of low, medium or high levels of intrusiveness -- the three columns from left to right in Table 1. The rationale for this is that users of the hierarchy of intrusiveness presented in Table 1 might disagree about the relative extent of intrusiveness of treatments within a single level. They probably would not disagree, though, about the relative degree of intrusiveness of different levels. For example, it might be difficult to say that contingent electric shock should be ranked as more or less intrusive than the use of noxious substances (such as lemon juice or water sprays in the face). Both, however,

are easily categorized as highly intrusive and as more intrusive than a time-out procedure.

The concept of restrictiveness is not so simply defined. No treatment is by its nature more or less restrictive than other treatments. This is because the degree of restrictiveness of a treatment depends upon the degree of restrictiveness of a specific behavior problem. For example, physical restraint is a highly restrictive treatment if used to reduce out-of-seat behavior; other approaches such as reinforcement for in-seat behavior, time-out, or response cost and token reinforcement may be more effective and less restrictive. When physical restraint is used to reduce self-injurious behavior such as biting, however, it may be the least restrictive treatment possible (if other remedies have been tried and found ineffective). This is because physical restraint would be expected to be effective and thus increase a student's opportunities to function without continuing intrusive treatment in the future. If self-biting behavior were allowed to persist, some type of continuing intrusive treatment would be necessary to manage it.

A useful way to define restrictiveness is in terms of limitations of student access to: 1) physical movement; 2) contact with other persons including non-handicapped peers; 3) choice of preferred objects or activities; 4) opportunities to benefit from instruction. One purpose of a human rights review is to use these four dimensions to compare a proposed treatment to other treatment possibilities and to no treatment at all to determine which alternative ultimately imposes the least restrictiveness on students.

Using the example of physical restraint introduced above, a human rights review might well result in a determination that physical restraint, if used

to reduce out-of-seat behavior, would be highly restrictive of a student's access to physical movement, other people, activities/objects and opportunity to learn. In fact, physical restraint would probably be considered more restrictive than the out-of-seat behavior itself. On the other hand, the result another such review might be approval of a physical restraint procedure for use with a self-injurious student. The rationale would be that the student's access to movement, people, activities or learning is more limited over the longer term by the self-injurious behavior than by the treatment of physical restraint. Further, a review Committee might reason, only by reduction of self-injurious behavior (via an intrusive treatment such as physical restraint) could greater access to movement, people or activities be possible for the student.

Human rights reviews will often involve decisions about such "trade-offs" in restrictiveness of different treatment alternatives. In the physical restraint example, if a review resulted in approval of a physical restraint procedure for use with a self-injurious student, it would be an approval of restricted physical movement in the short-term to gain increased student access to people, activities and learning in the longer-term. Other, less intrusive treatments such as time-out might be regarded as less restrictive physically in the short-term, but not as likely to produce increased access to people and activities in the longer-term.

The effect of all of these limitations on students' access is influenced by time. That is, the degree of restrictiveness depends, to some extent, upon how long a limitation occurs. The courts have recognized this complexity. In some decisions, courts have ruled that length of treatment is an

SECTION III

HUMAN RIGHTS REVIEW PROCEDURES

important element in determining restrictiveness. Brief, highly intrusive treatments have sometimes been regarded as less restrictive than prolonged less intrusive treatments. For example, a brief physical restraint treatment for self-injurious behavior might be regarded as less restrictive than a prolonged overcorrection treatment. The probable duration of alternative intrusive treatments must be weighed before a determination of extent of restrictiveness can be made.

Thus, considerations of both intrusiveness and restrictiveness must be weighed in any decision. A systematic way to accomplish this is presented in the next section of these materials in the form of a list of questions that should be asked and answered about any case referred for a human rights review. Included in the list are descriptions of types of information that the reviewers should require in order to be able to answer these questions adequately. The formats and materials included in the Behavioral Treatment and Review System model for proposers and implementors of intrusive treatments require that these questions be addressed in documents and presentations for a human rights review. Thus the roles of all participants in the review process are directed by the same questions.

Choosing to Use I.E.P. and/or Human Rights Committee Approaches

Local agencies must determine the way(s) in which they can best accomplish adequate human rights review of intrusive behavioral programs. As described above, I.E.P. and/or Human Rights Committee procedures can be used. The recommended approach within these Behavioral Treatment and Review System materials is one in which I.E.P. and Human Rights Committee review procedures are integrated. In this approach, all normally mandated I.E.P. procedures should be followed. In addition, any behavior reduction goal should be stated as such on the I.E.P., at least one behavioral growth objective should be included on the I.E.P. to replace the maladaptive behavior with an appropriate functional behavior and signed informed consent from a parent/guardian should be attached to the I.E.P. The I.E.P. team is then responsible for preparation of the "Human Rights Review Case Presentation Form" and supporting documents to be submitted to the Human Rights Committee (see description in Section _____ of this Manual). Ideally, the Human Rights Committee will review all proposed and ongoing intrusive treatments to ensure balanced consideration of the relevant issues by persons not involved in day-to-day decision-making about the student.

Some educational agencies may choose to use only an I.E.P.-based review of human rights concerns regarding intrusive treatments. Others will adopt the fully integrated approach described above and detailed further in subsequent sections of this Manual. Still others might use procedures which fall somewhere in between, e.g. appointing a Human Rights Committee as a policy or policy-advising body and relying on extended I.E.P. procedures for

actual human rights review. Any of these approaches or variations based on them can be used to provide adequate review. Different local agencies are free to adopt different approaches based on factors such as size of district and prevailing philosophy regarding need for external review.

No matter which approach is used for human rights review -- one that emphasizes the I.E.P. process or one that emphasizes a Human Rights Committee -- a standard set of considerations and procedures must be addressee and used. These are the foundations for assuring due process in decisions regarding intrusive programs for handicapped students. Whether these considerations and procedures are integrated into an I.E.P. process or a Human Rights Committee process can be determined locally. The important point is that they must be accomplished in some form in order to protect students and educators who are involved in intrusive behavioral programs. The next section of this Manual provides a detailed description of an optimum format and substance for the review process.

General Format for Accomplishing Human Rights Review

Various education agencies will adopt review processes which involve different degrees of emphasis on I.E.P. and Human Rights Committee processes. That decision will be based on considerations locally determined, as described in the immediately preceding pages. Regardless of the organizational structure of the human rights review process, the materials submitted for documentation of the review of a case should follow the format of the "Human Rights Review Case Presentation Form" (see Appendix A of these materials). Completing that form enables those who propose to implement an

intrusive treatment to provide the reviewers with information necessary for decision-making. The following section is designed to familiarize the I.E.P. team and Human Rights Committee members with the format and substance of the 21 questions on the form, and to familiarize them with the information required to answer those questions adequately.

Questions for I.E.P. Teams and Human Rights Committees
to Consider Regarding Intrusive Treatments

Problem Behavior and Previous Treatments

Question 1. What is the problem behavior?

To answer this question, the Committee needs to have a behavioral description of the problem behavior from the teacher or specialist. The description should include a clear statement of the behavior itself, and, if relevant, the effect of the behavior on the student as well as on other persons (teacher, other students, etc.)

Question 2. How often does the behavior occur? How long does it last when it occurs? How intense is the behavior? What seem(s) to be the "cause(s)" of the problem behavior?

To answer these related questions, the Committee must see records of observations of the problem behavior, or "data." Typically these records should be graphed presentations of hourly/daily/weekly (whatever is appropriate) observations by teachers or specialists. Not all of these questions are relevant for each problem behavior. Thus only the relevant aspects of each problem behavior should be described. Possible "cause(s)" would be demonstrated by showing that the behavior occurs under specified circumstances, e.g., "whenever s/he is asked by the teacher to do a physical task."

Question 3. What treatments have been tried to reduce or eliminate the problem behavior?

In order to answer this question, the Committee must have description(s) of treatment(s) accompanied by graphed data that show how long the treatment(s) were tried and the results of treatment(s). The Committee uses this information to decide whether sufficient alternatives have been tried to justify a proposed more intrusive treatment.

Question 4. What are the likely consequences of continuing the student's current program as is?

The Committee must be provided with the opinion of a behavior specialist to answer this question in order to determine the relative advantages and drawbacks of a proposed treatment.

Description and Justification of Proposed Treatment

Question 5. What is the proposed intrusive treatment?

The person who will implement the proposed treatment or a supervisor should provide the Committee with a written behavioral description of the treatment. The description should include clear statements of all aspects of the treatment: what it is, when and where and how it would be applied, over what period of time it would be tried before being reviewed, and how long it would last when implemented at any one time.

Question 6. What are the likely short- and long-term effects of the treatment on the student?

The Committee must have descriptions of likely student response(s) to the proposed treatment in order to weigh the likely benefits and drawbacks of the treatment. Treatment implementors should provide this description.

Question 7. In what way(s) is the proposed treatment restrictive for the student?

To answer this question, the Committee must have information on how the treatment restricts the student's access to physical movement, choice of objects or activities, contact with peers (handicapped and non-handicapped), and opportunity to benefit from instruction.

Question 8. Why is the proposed treatment a less restrictive alternative than other treatments?

The Committee must have this information to determine whether the least restrictive alternative educational treatment is being proposed. Providers of this information should detail their rationale(s) in terms of likely longer-term decreases in restrictiveness of a student's educational experience as an effect of the proposed treatment. "Trade-offs" of levels of restrictiveness in the short-term and longer-term should be made explicit. In a case involving a student with self-injurious behavior, for example, a physical restraint treatment might be proposed as least restrictive because 1) it might be the only way to effectively reduce the self-injurious behavior (other less intrusive treatments having been tried and found ineffective); and 2) only by restrictions on physical movement (to reduce the self-injurious behavior) in the short-term can longer-term increases be made in student access to other people, activities, and opportunities to learn. See Section IIC of these materials for a more detailed discussion of these issues.

Question 9. What is the justification for the proposed treatment?

To answer this question the Committee must be informed of the effects of previous applications of the treatment in similar circumstances, as reported in the professional literature, or as observed and recorded by the educational professionals requesting approval. In addition, the Committee should be informed of the reasons why less intrusive treatments are not being proposed. If the proposed treatment is experimental (not documented as effective in certain circumstances), the Committee must seek external review by professionals who are experienced with intrusive behavior change techniques.

Implementation of the Proposed Treatment

Question 10. Who will implement the treatment?

The name(s) of the staff person(s) responsible for implementing the treatment must be provided to the Committee.

Question 11. What special knowledge and skills are required to implement the treatment appropriately?

The Committee must be informed of the skills necessary for the implementor to carry out the proposed treatment. The proposed implementor and or supervisor should complete the form entitled "Competencies for Implementing Intrusive Treatments" and submit it or the Committee's consideration. (See sample form in Appendix B).

Question 12. What is the documentation that the person(s) named in #10 (above) possess the necessary skills to implement the treatment?

To answer this question the Committee must be provided with the completed checklist of the skills listed in #11 (above) and a signed confirmation by a supervisor or colleague that those skills have been previously demonstrated as adequate by the staff person(s) who will use them to implement the proposed treatment. (See sample form in Appendix B).

Question 13. What are the necessary resources for implementing the treatment and are they available as needed?

The Committee must be aware of what resources are required to implement the treatment (additional staff, time-out room, etc.). Additionally, the Committee must be certain that those resources are available as needed before a treatment can be approved. Teacher(s) and supervisor(s) should provide this information to the Committee.

Question 14. How will implementation of the proposed treatment be monitored?

To answer this question, the Committee must be provided with a description of how a supervisor plans to monitor the implementation of the treatment. This description should include time-frames and statements of all necessary behaviors by the implementor of the treatment so that a supervisor could determine systematically by observation whether a treatment is being implemented properly. The form entitled "Monitoring Intrusive Treatment" (Appendix C) may be used for this purpose.

Question 15. How does the proposed treatment plan for maintenance and generalization?

To answer this question, the Committee must have a statement from the implementor of the treatment and/or a supervisor as to how the desired effects of the treatment (student behavior change) will be programmed to extend beyond the immediate treatment setting. For example, names and qualifications of other persons (other staff, parents, aides) who will eventually work with the student in other settings, as well as the schedule for their introduction into the implementation of the treatment, should be presented to the Committee. Or, if appropriate, descriptions should be provided of other settings in which the student functions, and a schedule presented for the introduction of treatment in those settings.

Effects of the Treatment

Question 16. What are the probable effects of the treatment on: a) other students?; b) room and building personnel?; c) the general public?

Teachers and/or supervisor(s) must submit to the Committee a "best guess" description of how the proposed treatment is likely to have an impact on other students, staff and, if appropriate, the general public. The Committee will use this information to weigh the benefits and drawbacks of the treatment.

Question 17. What plan has been made to increase the student's adaptive behaviors?

The Committee must have this information in order to make decisions about whether the least restrictive alternatives are being proposed. Behavior change should not focus on eliminating or reducing undesirable behaviors without an equal emphasis on replacing them with adaptive behaviors. For example, when developing a treatment program to reduce the frequency of yelling by a child to get attention, educators should plan to teach hand-raising (or some other adaptive alternative) while modifying the yelling behavior. The Committee must be provided with a description of plans to increase adaptive behavior while reducing maladaptive behaviors. The teacher(s) or supervisor(s) should provide this description.

Necessary Approvals

Question 18. Is a physical examination from a medical doctor necessary to determine if there is any physical cause of the maladaptive behavior and to determine whether the proposed treatment is physically manageable by the student?

The Committee needs this information to assure that the proposed treatment is appropriate for the student's physical condition. A statement from a physician should be reviewed if a physical cause of the maladaptive behavior is possible and/or if the treatment may pose a health hazard to the student.

Question 19. Has full informed consent been obtained from parent(s) or guardian(s)?

Signed informed consent materials should be presented by teacher(s) or supervisor(s). The Committee should determine that all informed consent procedures and materials meet the standards described in the Behavioral Treatment and Review System documents that describe informed consent.

Question 20. Does the proposed treatment have the approval of the Director or Coordinator of the local Special Education program (and of the building principal where the treatment will be implemented, if appropriate)?

The Committee should be provided with signed approvals by the Special Education program director/coordinator and the building principal where the treatment will be implemented. Examples of appropriate documents are included in Appendices D and E to these Human Rights Committee materials.

Question 21. Under what circumstances should or will the Committee require another review of the proposed treatment?

The Committee must decide about when and why it will re-review the proposed treatment during or after its implementation. Important considerations in making this decision are: how much time should be allowed in order to determine whether the treatment is effective?; what behavioral indicators (positive or negative responses by the student) should be used to determine whether or when to stop or continue the proposed treatment?; what data should be recorded to assist in this determination? e.g., frequency, intensity or duration of student

maladaptive behavior or other behaviors after treatment is implemented. Teacher(s) or supervisor(s) should make recommendations justified by a brief statement of rationale. The I.E.P. team leader or Human Rights Committee Chair should complete the "Human Rights Review Action Form" (See Appendix F) to document Committee action and review schedule (if appropriate).

SECTION IV

DEVELOPMENT AND FUNCTIONING OF A HUMAN RIGHTS COMMITTEE

Introduction

Some local agencies will adopt a human rights review process in which a Human Rights Committee has the major review role and responsibilities. The membership of that Committee will include persons who are not directly involved in day-t-day decision-making regarding handicapped students, in order to provide external review.

The next three sections present detailed descriptions of how to develop a Human Rights Committee and how the Committee functions once it is constituted. The "Model Procedures" in Sections IVC and D may be used as policy and/or procedure documents by agencies that develop a Human Rights Committee.

What is a Human Rights Committee?

A Human Rights Committee is a group of people who are appointed by a local education agency to review all intrusive behavior modification programs that are proposed for and used with special education students. Intrusive procedures are those that result in significant physical or psychological pain or discomfort to a student.

Members of the Committee include: parents of special education students, local professionals who are knowledgeable about behavioral interventions and handicapped students, teacher(s) and administrator(s) from the local education agency including some special education professional(s), and a member of a local advocacy organization for handicapped persons, such as the Association for Retarded Citizens. In the Behavioral Treatment and Review System model, the Coordinator of Special Education in the local district will appoint one administrative staff person to the committee. That staff

person's role will be to review informed consent procedures, referral files, and meeting agendas to make sure all necessary information and procedural steps have been included.

The teaching and supervisory staff will also have roles in relation to the Human Rights Committee. The classroom teacher and the I.E.P. team will be responsible for developing objectives related to the treatment of the severe behavior problem(s). The teacher will collect baseline data and keep records on the use of any nonintrusive procedures that have been tried prior to the treatments that require Committee review. The supervisor will assist the classroom teacher in preparing a presentation to the Committee. The presentation can be made by either the teacher or supervisor, depending on the preferences of the local education agency.

Specific procedures recommended here for the development and operation of the Committee are drawn from the best professional practice procedures currently used. These are presented in Sections IVC and D entitled "Model Procedures for a Initial Review by Human Rights Committee," and "Model Procedures for Review of an Ongoing Program by a Human Rights Committee." These sections present model documents for agencies that use the Behavioral Treatment and Review System.

In general, the Human Rights Committee will meet at least quarterly and will systematically review all proposed and ongoing intrusive behavior modification educational programs with special education students. That review will involve the considerations and procedures described in Section IIIC; "General Format for Accomplishing Human Rights Review." The Committee will use information from several different sources to determine that both

students and educators are protected and that a student receives appropriate educational treatment. The rationale and legal foundations for these procedures are described and fully referenced in the document entitled "Human Rights Review of Intrusive Behavioral Treatments with Severely Handicapped Students," which is a part of these Behavioral Treatment and Review System materials.

In an initial review, the Human Rights Committee will require responses to a series of specific questions concerning the following aspects of a proposed or ongoing intrusive treatment program in order to determine (see Section IIIC of this Manual): (a) the goals of the program, (b) the possible side effects of the treatment on the student, (c) the possible effects of no treatment on the student, (d) consequences of a procedure for students other than the one being considered for treatment, (e) consequences of no treatment for the student on other students, (f) generalization and maintenance effects of a procedure, (g) presence of necessary resources, (h) time frames, (i) benefit to the student and/or the school, (j) the extent to which less intrusive treatment has been tried, for how long, and with what effects, as shown by good quality data, (k) the extent to which the professional literature supports use of the procedure, (l) staff training in use of the technique, (m) written informed consent from parents/ guardians that meets current legal standards, (n) the extent to which positive reinforcement of adaptive behavior has been included in the proposed program, and (o) the presence of medical/organic factors. All of these factors will be weighed by the Committee in deciding on the appropriateness of the intrusive educational program. Specific procedures for accomplishing this initial review are

described in Section IIIC of this Manual entitled "General Format for Accomplishing Human Rights Review."

The Human Rights Committee is clearly an essential component of procedures by which local education agencies can assure due process and appropriate education for handicapped students. Descriptions of actual "Model Procedures for Initial Review by a Human Rights Committee" and "Model Procedures for Review of an Ongoing Program by a Human Rights Committee" are presented next.

Model Procedures for Establishment of and Initial Review by a Human Rights Committee

1. A Human Rights Committee is hereby established to review and approve or disapprove the proposed use of the following intrusive intervention procedures with any P.L. 94-142 eligible students:

   - exclusionary time-out to exceed ___ minutes at any one session or when the previous use of exclusionary time-out has exceeded ___ minutes per ___;
   - formal "compliance" training;
   - physical restraint;
   - withholding of food for a full school day or more;
   - overcorrection;
   - noxious substances;
   - removal from school for disciplinary reasons when (a) the situation is not covered by district emergency suspension procedures and (b) when there has been a prior determination by a knowledgeable group of persons that there is no relationship between the handicap and the misconduct; and
   - other planned interventions which can be reasonably expected to cause physical or psychological pain or harm.

2. The members of the Human Rights Committee will be appointed by the superintendent for two-year terms on the basis of their knowledge of behavioral intervention and the legal rights of handicapped students, and on their ability to make impartial and data-based decisions. Membership terms should be staggered so that the Committee always has some experienced members.The Committee will be composed of:

   - two parents of handicapped children, at least one of whom has a child with whom intrusive procedures have been used;
   - a member of the staff of _____ (a local advocacy organization for handicapped or disabled persons);
   - a faculty member of the Special Education Department of a local University (if available) to be recommended by the department Head or Dean;
   - a special education teacher in the local school district;

- a principal in the local school district;

- a special education specialist in the local school district (e.g., school psychologist, behavioral specialist, social worker, etc.);

- a representative from the local mental health/treatment profession;

- ad hoc members invited at the discretion of the committee to deal with specific issues; and

- the Coordinator of Special Education Services or designee (as a non-voting member).

3. The Committee will elect a chair, vice-chair, and recorder.

   a. The Committee will meet at least quarterly to review the case(s) of students who are being continued on intrusive treatment programs, and will meet on an "on call" basis to consider new referrals. The Committee or an authorized subcommittee may meet more frequently to review and/or monitor a particular case at the direction of the full committee. A case review will include both data and descriptive material which will show student progress and the nature of the treatment supervision.

   b. The Committee may make the following decisions with a three-quarters majority required for approval:

      1. approval of the recommended procedure with timelines for review;

      2. disapproval of the recommended procedure; or

      3. delayed decision pending additional information.

   c. The Committee will consider the following as it evaluates a proposed treatment program:

      1. the goals of the proposed treatment;

      2. the possible side effects of the treatment;

      3. the possible effects of no treatment;

      4. the consequences of the proposed use of the procedure on nontargeted students, the school faculty, and the general public;

      5. the probable generalization and maintenance effects of the procedure;

6. resources required to implement the procedure, e.g., extra staff, rooms, etc.;

7. time frames for implementation;

8. other less intrusive treatments that have been tried, for how long, and with what effect, or a justification for not having used less intrusive procedures;

9. support in the professional literature for use of the procedure;

10. staff training required to implement the procedure;

11. parents' informed, written consent;

12. inclusion of positive reinforcement of adaptive behavior in proposed treatment;

13. data on the exclusion or treatment of medical/organic factors which may be contributing to the maladaptive behavior;

14. timelines for reviewing the case; and

15. proposed supervision of the treatment program.

4. Nothing in these procedures shall be construed to limit legally authorized administrative discretion to use restraint and/or exclusion in an emergency disciplinary situation as defined by law. All non-emergency suspensions and exclusions of handicapped students will be made in accordance with the legally recognized procedures of prior evaluation and change of placement procedures as required by case law and will be reviewed by this Committee within ten days of the exclusion of the student.

5. The procedures for implementing behavioral interventions and for making a referral to the Human Rights Committee are as follows:

   a. A teacher who believes a classroom management problem exists must collect data on the problem and on the effects of adjustments in the classroom environment such as seating patterns, class rules, etc., and effects of instructional adjustments such as task difficulty, pacing, task preference used to remedy the problem. It is not necessary to inform the parents or seek consent as long as only these procedures are used.

b. If these "ecological" and instructional adjustments are not effective, the teacher may use any of the following procedures (under the conditions described below):

1. reinforcement of behavior;

2. response cost;

3. nonexclusionary time-out of a short-term nature;

4. self-management procedures; and/or

5. correspondence training.

Parents are to be informed. The procedures are to be incorporated into the I.E.P. with a behavioral goal of reducing maladaptive behavior and increasing appropriate behavior. Procedures established by the district for I.E.P. revision will be followed. Data will be collected on effectiveness. District supervisory staff will use established supervision procedures to monitor behavior management programs used in the classroom to insure that the above procedures are used appropriately.

c. If necessary, the teacher will request assistance from an appropriate specialist or supervisor. This specialist will assist the teacher in reviewing and implementing additional "ecological," instructional, and intervention procedures identified in steps 5a and b.

d. In the rare instance of a child who has extreme aggressive, self-abusive, or destructive behavior, an intrusive treatment plan may be recommended. In order for an intrusive treatment to be approved, the case manager must refer the child to the Special Education Coordinator who will conduct a program/placement review. If, as a result of that review, it is determined that all available data on the student indicates that non-intrusive procedures are not, or will not be effective, an I.E.P. conference with parent/guardian(s) will be conducted. The parent(s) will be fully informed of the proposed procedures. If they give written consent for the treatment and approve referral to the Committee,a referral will be made to the Human Rights Committee. The case manager will be responsible for insuring that baseline data is available, informed consent is signed, and the referral is completed to the satisfaction of the Special Education Coordinator who will submit the referral and, with the committee chair, call a meeting within ten working days.

e. A presentation will be made to the committee of the information described in section 3c. The student's parents, teachers, administrative staff, and appropriate specialists will be involved in that presentation.

f. Final approval for use of the intrusive procedure will be given only with the agreement of the district, the approval of the Human Rights Committee, and the signed consent of the parent. A parent may withdraw consent for the procedures at any time and may appeal the decision of the committee through a due process hearing.

Model Procedures for Review of an Ongoing Program by a Human Rights Committee

1. On or before the review date specified in initial Human Rights Committee decision, the Committee (or an authorized subcommittee) will review approved, ongoing intrusive behavioral programs.

2. The Committee may make the following decisions with a three-quarters majority required for approval:

   a. approval of continuation with timelines for further Committee review;

   b. disapproval of continuation which requires a new initial review for implementation of any other proposed intrusive procedures; or

   c. acknowledgement of prior discontinuation of the program at staff discretion which requires a new initial review for implementation of any other proposed intrusive treatments.

3. The Committee will consider the following as it evaluates an ongoing intrusive program:

   a. the goals of the treatment;

   b. the effects of the treatment to date;

   c. the likely effects of continued application of the ongoing treatment;

   d. the current side-effects of the ongoing treatment upon the student and on others;

   e. the current and likely generalization and maintenance effects of the procedure;

   f. the resources required to continue the treatment;

   g. the fidelity with which staff are implementing the treatment;

   h. the current and likely effects of ongoing positive reinforcement of adaptive behavior;

   i. the possibility of need for a physician's review of the case;

   j. timelines for re-review; and

   k. parents informed, written consent.

4. The procedures for accomplishing a Human Rights Committee review of an approved, ongoing intrusive program are as follows:

   a. staff responsible for implementing and monitoring the program inform coordinator of special education and parents of the perceived need to continue the treatment;

   b. with coordinator and parent approval, the Human Rights Committee staff person places review on the agenda on or before the date set for review;

   c. staff responsible for implementing and monitoring the program make a presentation to the Committee which addresses 3a-k above; and

   d. Committee approves or disapproves continuation of program or acknowledges prior discontinuation at staff discretion.

SECTION V

APPENDICES

Appendix A

Human Rights Review Case Presentation Form

This form is to be completed and submitted to the Committee by the person(s) who will implement the proposed intrusive treatment, a supervisor, and/or the appropriate case manager. Attach extra sheets as necessary. Wherever relevant, describe the nature of information or data to be presented at the Committee meeting. Refer to "General Format for Accomplishing Human Rights Review" (See IIIC) for directions regarding completion of this form. Submit the completed form to the Human Rights Committee staff person.

Name of Student:

Name(s) and Title(s) of Person(s) Completing this Form:

Problem Behavior and Previous Treatments:

Question 1. What is the problem behavior?

Question 2. How often does the behavior occur? How long does it last when it occurs? How intense is the behavior? What seems to be the "cause(s)" of the problem behavior?

Question 3. What treatments have been tried to reduce or eliminate the problem behavior?

Question 4. What are the likely consequences of continuing the student's current program as is?

Description and Justification of Proposed Treatment

Question 5. What is the proposed intrusive treatment?

Question 6. What are the likely short- and long-term effects of the treatment on the student?

Question 7. In what way(s) is the proposed treatment restrictive for the student?

Question 8. Why is the proposed treatment a less restrictive alternative than other treatments?

Question 9. What is the justification for the proposed treatment?

Implementation of the Proposed Treatment

Question 10. Who will implement the treatment?

Question 11. What special knowledge and skills are required to implement the treatment appropriately? (Use "Competencies for Implementing Intrusive Treatments" form in Appendix E)

Implementation of the Proposed Treatment

Question 12. What is the documentation that the person(s) named in #10 (above) possess the necessary skills to implement the treatment? (Use "Competencies for Implementing Intrusive Treatments" form in Appendix B)

Question 13. What are necessary resources for implementing the treatment and are they available as needed?

Question 14. How will implementation of the proposed treatment be monitored? (Use "Monitoring Intrusive Treatment" form in Appendix C)

Implementation of the Proposed Treatment (continued)

Question 15. How does the proposed treatment plan for maintenance and generalization?

Effects of the Treatment

Question 16. What are the probable effects of the treatment on: a) other students?; b) room and building personnel?; c) the general public?

Question 17. What plan has been made to increase the student's adaptive behaviors?

Necessary Approvals

Question 18. Is a physical examination from a medical doctor necessary to determine if there is any physical cause of the maladaptive behavior and to determine whether the proposed treatment is physically manageable by the student?

Question 19. Has full informed consent been obtained from parent(s)/ guardian(s)?

Question 20. Does the proposed treatment have the approval of the Director or Coordinator of the local Special Education program and of the building principal where the treatment will be implemented, if appropriate? (Use "Approval of Parent/Guardian and Special Education Coordinator" and "Building Principal Information and Approval" forms in Appendices D and E.)

Question 21. Under what circumstances should or will the Committee require another review of the proposed treatment?

Appendix B

Competencies for Implementing Intrusive Treatment

1. Description of Proposed Treatment:

2. Names of Proposed Implementor of Treatment and Student:

Implementor _____ Student _____

3. Competencies Necessary to Implement Proposed Treatment (list as many as needed)	Confirmation of Previous Demonstration by Implementor (place a check ( ) by all that have been observed)
a.	a.
b.	b.
c.	c.
d.	d.
e.	e.
f.	f.
g.	g.
h.	h.
i.	i.

5. _____
(Signature and Title of Supervisor (Date)

Appendix C

Monitoring Intrusive Treatment

1. Description of Treatment:

2. Names of Implementor and student:

Implementor Student

3. Competencies Necessary to Implement Treatment:

a.

b.

c.

d.

e.

f.

g.

4. Confirmation of Competencies During Implementation (date observed)

a. date

b. date

c. date

d. date

e. date

f. date

g. date

5. Name of Supervisor:

(Signature, title) (date)

Appendix D

Approvals of Parent/Guardian and

Coordinator of Special Education

We have reviewed all pertinent aspects of the proposed intrusive

treatment of _____
(name of treatment)

for _____. We agree that it is an
(name of student)

appropriate educational treatment at this time (see our signed informed consent form), and that it should be reviewed and approved by the Human Rights Committee before being implemented. We agree that the Human Rights Committee may request and review any relevant school records of

_____.
(name of student)

_____ _____
Name(s) and Signature(s) of Parent(s) or Guardian date

_____ _____
Signature of Coordinator of Special Education date

Appendix E

Building Principal Information and Approval Form

1. An intrusive behavioral treatment is being considered for the following student in your school:

_____ _____
Student's Name Teacher's Name

2. The treatment is called _____
Name of Treatment

It involves: (brief description of who, what, when, where, how):

3. The Human Rights Committee will meet to consider the appropriateness of this proposed treatment on _____
Date of Committee Meeting
at _____ o'clock at _____.
Time of Meeting Place of Committee Meeting

4. You are invited to attend and participate in this meeting. If you plan to attend please contact _____ at _____
Name of Committee Staff Person or Proposed Implementor of Treatment
Telephone #

Please return this form to the Committee Staff Person named just above.

_____
Signature and title of person sending this form.

Appendix F

Human Rights Committee Action Form

The proposed treatment of _____ for _____
(name of treatment) (name of student)

to be implemented by _____ has been
(name(s) of implementor(s))

approved/disapproved*/delayed* (circle one) by the Human Rights Committee on

_____. If "approved," the effects of implementation of the
(date)

treatment will be reviewed by the Committee on or before _____
(date for review)

_____
(Name and signature of Committee Chair) (Date)

* Brief explanation of reason(s) for disapproval or delay: